



CITY COUNCIL
ATLANTA, GEORGIA

A RESOLUTION

BY

00- R-1890

AUTHORIZING THE MAYOR OR HIS DESIGNEE TO ENTER INTO AN AGREEMENT WITH OUTREACH, INC. TO PROVIDE ADDICTION SERVICES FOR THE DEPARTMENT OF CORRECTIONS MEN'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM IN AN AMOUNT NOT TO EXCEED SEVENTY FIVE THOUSAND DOLLARS AND NO CENTS (\$75,000.00) FOR ONE YEAR. ALL CONTRACTED WORK SHALL BE CHARGED TO AND PAID FROM FUND, ACCOUNT AND CENTER NUMBER: 3P02-524001 I21W02CL9999

WHEREAS, the Department of Corrections provides residential substance abuse treatment programs for convicted male and female offenders; and

WHEREAS, Outreach, Inc. has provided professional addiction counseling services in support of the male offender treatment program for the prior three years; and

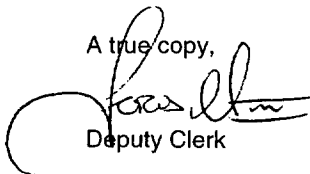
WHEREAS, the Department of Corrections recommends continuation of those services.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, that the Mayor or his designee be and is hereby authorized to enter into agreement with Outreach, Inc. to provide addiction services for the Department of Corrections men's residential drug treatment program.

BE IT FURTHER RESOLVED, that Outreach, Inc. will be paid an amount not to exceed seventy five thousand dollars and no cents ((\$75,000.00) to provide said services for one year.

BE IT FINALLY RESOLVED, that the expense incurred for said services be charged to and paid from Fund, Account and Center Number: 3P02-524001-I21W02CL9999.

A true copy,



Deputy Clerk

**ADOPTED by the Council
APPROVED by the Mayor**

DEC 04, 2000
DEC 12, 2000

AGREEMENT

THIS AGREEMENT is entered into as of the ____ day of ____, 2000 by and between the Atlanta Department of Corrections ("Department") and Health Outreach Project, Inc. d/b/a ("Outreach"), a corporation organized under the Georgia Nonprofit Corporation Act, with its principle place of business located at 825 Cascade Avenue, S.W. Atlanta, Georgia 30311 (hereinafter referred to as "Outreach, Inc.").

WHEREAS, Outreach Inc. has been operating a therapeutic community addiction treatment program ("Program") in partnership with the Department at the City Detention Center; and

WHEREAS, defendants with substance abuse histories who are convicted by judges in both the Municipal Court and the City Court of Atlanta are routinely referred to the Program; and

WHEREAS, the City is willing to assume a portion of Outreach, Inc.'s expenses for providing staffing for the Program within the scope of services to be mutually agreed upon:

The parties hereto intending to be legally bound agree as follows:

1.

OUTREACH will provide the City at its Detention Center the services ("Services") listed in the Scope of Services, attached hereto, marked Exhibit "A" and incorporated herein by reference

2.

OUTREACH shall provide the Department a schedule of the hours of service rendered per monthly work period for each service provider as specified in Exhibit "B" and incorporated herein by reference such staff shall not be the employees or agents of the City of Atlanta.

3.

OUTREACH shall provide sufficient and qualified staff as needed to render in an orderly and timely manner the services as needed based upon such schedule as agreed upon by the parties. The Department will have the responsibility of conducting criminal background investigations of all program staff requiring access to jail facilities.

4.

The Department shall pay Outreach \$75,000 per year for the services, payable in equal monthly payments, commencing on the date this agreement is lawfully executed.

5.

The Department's Program Director of the Men's Residential Substance Abuse Treatment Program shall verify all hours worked by Outreach, Inc. staff and approve as appropriate monthly invoices submitted for payment. Outreach, Inc. shall provide to the Program Director and the Department's Director of Inmate Programs and Services, a monthly activity report which includes at least the following information: the complete names and birth dates of the program participants, the respective dates of admission to the program, and the anticipated dates of release. The monthly reports will be submitted no later than the 15th of the month following the month for which the report is due.

6.

All notices or demands required under this Agreement shall be in writing and shall be deemed to have been duly given when: a) physically received in hand by the party to whom directed; or b) when sent by certified U.S. mail, return receipt requested, postage prepaid, to the other party at the address below (or such other address(es) given in writing by either party to the other):

If to the Department: Chief Tom Pocock
Atlanta Department of Corrections
254 Peachtree Street, SW
Atlanta, Georgia 30311

If to Outreach, Inc: Sandra S. McDonald
President/Founder
Outreach, Inc.
825 Cascade Avenue, SW
Atlanta, Georgia 30311

7.

Both the Department and Outreach, Inc. agree to abide by all State and Federal laws, rules and regulations respecting the confidentiality of the individual. Both parties agree not to divulge any information concerning any client to any unauthorized person without written consent of the client or responsible parent or guardian.

8.

This agreement sets forth the entire agreement between the parties and supersedes all prior oral and written understandings, representations, and discussions between the parties respecting the subject matter of this letter.

9.

This agreement shall be governed by and subject to the laws of the State of Georgia and the ordinances of the City of Atlanta.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures on the date first above written.

The City of Atlanta

By: _____

Health Outreach Project, Inc.

By: _____

Exhibit A

DRUG TREATMENT PROGRAM FOR THE ATLANTA DETENTION CENTER

SCOPE OF SERVICES

The Program is a six to twelve month program, depending on the court's mandate and the defendant's assessment, as determined by the Treatment Team. The program shall have three (3) phases: Phase I, II and III, operating Monday through Sunday.

The content of each Phase shall be as follows:

Phase I-Orientation:

The first step in client orientation into the program is a Psychosocial Assessment/Intake. A chemical dependency diagnosis (DSM IV) and treatment plan is completed within the first two weeks. Clients are introduced to:

1. Definition of addiction/chemical dependence
2. Disease concept
3. Physical symptoms of addiction
4. Behavioral symptoms of addiction
5. Emotional symptoms of addiction
6. HIV and addiction
7. Client/inmate is required to tell his/her story (what it was like what happened, what it is like today)
8. Group therapy
9. Individual therapy
10. Remedial Education
11. Completion of step one
12. Relapse Prevention

Phase II Making Changes:

1. Coping with anger
2. Coping with triggers and cues
3. Dealing with cravings
4. High risk behaviors reduction
5. High risk feelings management
6. High risk thoughts and attitudes
7. Life skills
8. HIV and the substance abuser
9. Completion of step two

Phase III-Tools/Sobriety Resources:

1. Continuing care plan
2. Selection of 12 step meetings; How to get a sponsor
3. Physical, emotional and spiritual maintenance
4. Review of personal high risk issues
5. Emergency plan
6. HIV presenter certification
7. Completion of step three

Phase IV-Transitional/Education Phase, Certificate of Completion of Treatment:

1. Probation, if mandated or required by courts
2. Halfway House/Recovery community
3. Intensive Outpatient Treatment
4. Continuation of inpatient treatment as deemed necessary
by the treatment team
5. Treatment plan compliance
6. Outreach Inc., Continuing Care Group that meets every other Saturday
away from the jail
7. Aftercare/Discharge Planning

OPERATION OF THERAPEUTIC TREATMENT UNIT

A Department of Corrections officer will be present during all three shifts. Officers will not only be responsible for the security of the unit but will also be a member of the treatment team. Officers will be trained in the dynamics of addiction and to work with the criminal substance abuse unit. A daily log will be signed by all persons entering this community, indicating date, time and purpose of visit at the officers desk.

House opens for business at 8:00 a.m. and closes at 10:00 p.m. daily with the exception of Sundays. Television is not allowed during treatment hours. Smoking is only allowed when designated by smoking monitors. Telephone usage is not allowed during treatment hours and is limited to twenty minutes per person per call.



Exhibit B

REQUIRED PERSONNEL SERVICES AND WORK SCHEDULES

PERSONNEL SERVICES

1. Outreach will provide three fulltime Certified Addiction Counselors.
2. Each Counselor will be required to have and maintain a current CACI certification as a minimum requirement.
3. Counselor duties will include inmate-client assessment and ASI administration, group facilitation, charting of clinical contacts, attendance at RSAT weekly staff meetings, and other clinical duties as required.

WORK SCHEDULES

1. One counselor will work Monday through Friday, 8:00 am-5:00- pm, 40 hours per week.
2. One counselor will work Tuesday through Saturday, 8:00 am 5:00-pm, 40 hours per week
3. One counselor will work Monday through Friday, 2:00 pm 10:00-pm, 40 hours per week
3. The counselors will enjoy the same official holiday leaves provided for city employees.

RCS# 2434
12/04/00
3:58 PM

Atlanta City Council

Regular Session

CONSENT

Pages: 1-19

ADOPT

YEAS: 12
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 3
EXCUSED: 0
ABSENT 1

SEE ATTACHED LISTING OF
ITEMS ADOPTED/ADVERSED
ON CONSENT AGENDA

NV McCarty	Y Dorsey	Y Moore	B Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	NV Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts

ITEM (S) REMOVED FROM
CONSENT AGENDA
00-O-1874
00-O-1986
00-R-1950

CONSENT

		12/04/00 Council Meeting
ITEMS ADOPTED ON CONSENT AGENDA	ITEMS ADOPTED ON CONSENT AGENDA	ITEMS ADVERSED ON CONSENT AGENDA
1. 00-O-1289 2. 00-O-1680 3. 00-O-1792 4. 00-O-1797 5. 00-O-1003 6. 00-O-1228 7. 00-O-1795 8. 00-O-1796 9. 00-O-1860 10. 00-O-1616 11. 00-O-1853 12. 00-O-1801 13. 00-O-1963 14. 00-O-1965 15. 00-R-1788 16. 00-R-1886 17. 00-R-1953 18. 00-R-1955 19. 00-R-2009 20. 00-R-2010 21. 00-R-2011* 22. 00-R-1890 23. 00-R-1937 24. 00-R-1938 25. 00-R-1939 26. 00-R-1940 27. 00-R-1988 28. 00-R-2006 29. 00-R-2013 30. 00-R-1887 31. 00-R-2015 32. 00-R-1957 33. 00-R-1958 34. 00-R-1877 35. 00-R-2008	36. 00-R-1959 37. 00-R-1882 38. 00-R-1985 39. 00-R-1943 40. 00-R-1945 41. 00-R-1946 42. 00-R-1947 43. 00-R-1948 44. 00-R-1949 45. 00-R-1951 46. 00-R-1970 47. 00-R-2016 48. 00-R-1901 49. 00-R-1902 50. 00-R-1903 51. 00-R-1904 52. 00-R-1905 53. 00-R-1906 54. 00-R-1907 55. 00-R-1908 56. 00-R-1909 57. 00-R-1910 58. 00-R-1911 59. 00-R-1912 60. 00-R-1913 61. 00-R-1914 62. 00-R-1915 63. 00-R-1916	64. 00-R-1816 65. 00-R-1817 66. 00-R-1818 67. 00-R-1819 68. 00-R-1820 69. 00-R-1821 70. 00-R-1822 71. 00-R-1823 72. 00-R-1824 73. 00-R-1825 74. 00-R-1826 75. 00-R-1827 76. 00-R-1828 77. 00-R-1829 78. 00-R-1830 79. 00-R-1831 80. 00-R-1832 81. 00-R-1833 82. 00-R-1834 83. 00-R-1836 * President Pitts recused himself.

00-1890

(Do Not Write Above This Line)

A RESOLUTION

BY :

AUTHORIZING THE MAYOR OR HIS DESIGNEE TO ENTER INTO AN AGREEMENT WITH OUTREACH, INC. TO PROVIDE ADDITION SERVICES FOR THE DEPARTMENT OF CORRECTIONS MEN'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAM IN AN AMOUNT NOT TO EXCEED SEVENTY FIVE THOUSAND DOLLARS AND NO CENT (\$75,000.00) FOR ONE YEAR. ALL CONTRACTED WORK SHALL BE CHARGED TO AND PAID FROM FUND, ACCOUNT AND CENTER NUMBER: 3P02-524001 I21W02CL9999

ADOPTED BY
DEC 04 2000
COUNCIL

- ☐ CONSENT REFER
☐ REGULAR REPORT REFER
☐ ADVERTISE & REFER
☐ 1st ADOPT 2nd READ & REFER
☐ PERSONAL PAPER REFER

Date Referred

Referred To:

Date Referred

Referred To:

Date Referred

Referred To:

First Reading

Committee _____
Date _____
Chair C. T. Martin
Referred to _____

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

Committee

Date

Chair

Action:

Fav, Adv, Hold (see rev. side)

Other:

Members

Refer To

FINAL COUNCIL ACTION

☐ 2nd ☒ 1st & 2nd ☐ 3rd
Readings
☒ Consent ☐ V Vote ☐ RC Vote

CERTIFIED

CERTIFIED

DEC 4 2000

Debra M. Starnes
MUNICIPAL CLERK

CERTIFIED

DEC 04 2000

Renee Davidson Johnson
MUNICIPAL CLERK

MAYOR'S ACTION

APPROVED
DEC 12 2000
[Signature]
MAYOR